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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/549527
Filing Date	9/19/2005
First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFOR.
Art Unit	
Examiner Name	
Attorney Docket Number	MTCUS-1

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000027769

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

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Address					
City	NEWTON	State	MA	Zip	02466
Country	USA				
Telephone	617-558-5389	Fax	617-332-0371		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	NORIFUMI KOKAWA				
Signature	<i>Norifumi Kokawa</i>				
Date	Dec 7 2005			Telephone	06-6190-6756

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 15 forms are submitted.

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Name	ITSUO KISHIMOTO		
Signature	<i>Itsuo Kishimoto</i>		
Date	Dec 5 2005	Telephone	06-6190-6756

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Name	YUTAKA UEGO		
Signature	<i>Yutaka Uego</i>		
Date	Dec 15 2005	Telephone	

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Name	YASUMASA YAMAMOTO		
Signature	Yasumasa Yamamoto		
Date	Dec 22 2005	Telephone	06-6190-6756

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	Attorney Docket Number	MTCUS-1

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Name	JYUNYA SAKAI				
Signature	<i>Jyunya Sakai</i>				
Date	Dec 14 2005			Telephone	06-6190-6756

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	Attorney Docket Number	MTCUS-1

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SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	MASAO KOMORI				
Signature	Masao Komori				
Date	dec 14 2005			Telephone	06-6190-6756

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Filing Date	9/19/2005
First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFORC
Art Unit	
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Name	SHOUZOU TAKIGAWA		
Signature	SHOUZOU TAKIGAWA		
Date	DEC 06 2005	Telephone	06-6190-6756

NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Name	SHIGERU KAYASUGA		
Signature	SHIGERU KAYASUGA		
Date	Dec 15 2005	Telephone	06-6190-6756

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Name	YORIKO IKAWA		
Signature	YORIKO IKAWA		
Date	DEC 02 2005	Telephone	06-6190-6756

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Name	YAEKO KIDA		
Signature	YaeKo Kida		
Date	Dec 09 2005	Telephone	06-6190-6756

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SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	KOUTAROU SHINJYOU			
Signature	Koutarou Shinjyou			
Date	DEC 7 2005		Telephone	06-6190-6756

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 15 forms are submitted.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/549527
Filing Date	9/19/2005
First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFOR
Art Unit	
Examiner Name	
Attorney Docket Number	MTCUS-1

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000027769

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name	AKC PATENTS				
Address	215 GROVE STREET				
Address					
City	NEWTON	State	MA	Zip	02466
Country	USA				
Telephone	617-558-5389	Fax	617-332-0371		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	HIROSHI TSUNOBE		
Signature	<i>Hiroshi Tsunobe</i>		
Date	Dec 7 2005	Telephone	06-6190-6756

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Application Number	10/549527
Filing Date	9/19/2005
First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFOR
Art Unit	
Examiner Name	
Attorney Docket Number	MTCUS-10

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record** (If assignee, put name, title and company name in the "Name" space below)

Name	MINORU TERADA		
Signature	MINORU TERADA		
Date	Dec 6 2005	Telephone	06-6190-6756

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 15 forms are submitted.

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INDICATION FORM**

Application Number	101549527
Filing Date	9/19/2005
First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFOR
Art Unit	
Examiner Name	
Attorney Docket Number	MTCUS-1

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SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	MASASHI YAMASHITA		
Signature	MASASHI YAMASHITA		
Date	DEC 7 2005	Telephone	06-6190-6756

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/549527
Filing Date	9/19/2005
First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFOR.
Art Unit	
Examiner Name	
Attorney Docket Number	MTCUS-1.

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SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	RYUJI KOKAWA		
Signature	RYUJI KOKAWA		
Date	DEC 5 2005	Telephone	06-6190-6756

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